

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

RECEIVED

JUN 17 2016 AS

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

WILFRED MCCLendon

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

VS.

1:16-cv-6334

Judge Robert W. Gettleman

Magistrate Judge Michael T. Mason

PC3

E/O TURNER, SGT. BELL,

C/O SAWLAW, SGT. KENT

C/O TRACY, SGT. DONAHUE

AND TOM DARE

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

CHECK ONE ONLY:

☒ COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)

☐ COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)

☐ OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

I. Plaintiff(s):

- A. Name: WILFRED McCLENDON
- B. List all aliases: - NONE -
- C. Prisoner identification number: B59999
- D. Place of present confinement: LAWRENCE PRISON
- E. Address: 10930 LAWRENCE ROAD, SUMNER, IL 62466

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: TURNER
- Title: GUARD AT PIATT COUNTY JAIL
- Place of Employment: PIATT COUNTY JAIL
- B. Defendant: BELL
- Title: SUPERINTENDENT AT PIATT COUNTY JAIL
- Place of Employment: PIATT COUNTY JAIL
- C. Defendant: SANLAW
- Title: GUARD AT PIATT COUNTY JAIL
- Place of Employment: PIATT COUNTY JAIL

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

[SEE PAGES 2A, B, C]

I. Plaintiff(s):

- A. Name: _____
- B. List all aliases: _____
- C. Prisoner identification number: _____
- D. Place of present confinement: _____
- E. Address: _____

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In **A** below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in **B** and **C**.)

- A. Defendant: HUNT
Title: SHERIFF
Place of Employment: SHERIFF AT PEASE COUNTY JAIL
- B. Defendant: TRACY
Title: GUARD
Place of Employment: PEASE COUNTY JAIL
- C. Defendant: DONAHUE
Title: SGT, AT PEASE COUNTY JAIL
Place of Employment: PEASE COUNTY JAIL

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

I. Plaintiff(s):

- A. Name: _____
- B. List all aliases: _____
- C. Prisoner identification number: _____
- D. Place of present confinement: _____
- E. Address: _____

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In **A** below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in **B** and **C**.)

- A. Defendant: TOM DARR
- Title: DIRECTOR OF COOK COUNTY JAIL
- Place of Employment: COOK COUNTY JAIL
- B. Defendant: _____
- Title: _____
- Place of Employment: _____
- C. Defendant: _____
- Title: _____
- Place of Employment: _____

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: Wilfred McClendon v.
Detective Tony Padron and City of Riverdale 14 C 0615
- B. Approximate date of filing lawsuit: JAN 29, 2014
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: N/A
- D. List all defendants: Tony Padron, City of Riverdale
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): U.S. District Court, Northern District of Illinois
- F. Name of judge to whom case was assigned: Virginia M. Kendall,
Magistrate Judge Veldez
- G. Basic claim made: violation of Constitutional Rights Civil Right
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): Dismissed
- I. Approximate date of disposition: Aug 11, 2014

[SEE PAGES 3A, B]

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: Wilfred McClendon v. C.O. Surane, et al.; 14 C 6881
- B. Approximate date of filing lawsuit: _____
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: N/A
- D. List all defendants: C.O. M. Lopez, Commander Ortega, C.O. E. Ringold, Co. Poolino, C.O. Marotta, Sgt. Zales, Thomas Dart.
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): United State District court, Northern District of Illinois
- F. Name of judge to whom case was assigned: Judge Ronald A. Guzman
- G. Basic claim made: Excessive Force
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): Pending
- I. Approximate date of disposition: Pending

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: WILFRED McLENDON V. TOM DART, ET. AL., 14-C-9803
- B. Approximate date of filing lawsuit: UNKNOWN
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: _____

- D. List all defendants: TOM DART, CRW MCCOY, CRW BUTLER AND CRW FRAL

- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): U.S. DIST. COURT, NORTHERN DIST. OF ILLINOIS
- F. Name of judge to whom case was assigned: JOAN HEFKOW
- G. Basic claim made: VIOLATION OF CONSTITUTIONAL RIGHTS

- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): DISMISSED

- I. Approximate date of disposition: 2-2-2015

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

1. THAT ON AND ABOUT 8-20-2012, PLAINTIFF WAS CONFINED IN THE COOK COUNTY JAIL AS A PRE-TRIAL DETAINEE AND ON 4-8-15, HE WAS UNJUSTLY TRANSFERRED TO PEATT COUNTY JAIL BY OFFICIALS AT COOK COUNTY JAIL DUE TO SPACE AND THIS PUT PLAINTIFF'S WELL-BEING AND SAFETY AT RISK BASED ON SPACE AT PEATT MISMANAGEMENT AND DISRESPECTFULNESS.

2. THAT ON 4-8-15, DEFENDANTS KUNT, BELL, DONALDSON AND TRACY WERE TOLD ABOUT TURNER ASSAULTING AND HARASSING PLAINTIFF AND CALLING A "BLACK ASS NIGGER" AND POINTING A TAZER AT HIM AND STATED, "I'LL BE BACK." THEY ASSERSED THAT THEY WOULD TELL DEFENDANT TURNER TO STAY AWAY FROM HIM. LATER THAT DAY AFTER 3 P.M., PLAINTIFF TOLD BELL TO MAKE SURE THAT SHE KEEP TURNER AWAY FROM HIM DUE TO HIM FEARING FOR HIS SAFETY AND TURNER HAD ALREADY ASSAULTED HIM... AND SHE SAID THAT SHE WAS TELL TURNER.

3. THAT DEFENDANT SAWLAW CAME TO PLAINTIFF'S CELL AND HE TOLD SAWLAW ABOUT TURNER AND SAWLAW CLAIMED THAT HE WOULD MAKE SURE TURNER STAY AWAY FROM HIM...

SEE 4A, B.

BUT TURNERGREEN SHOWED WITH PLAINTIFF'S MEDICATION AND THE PLAINTIFF TOLD HIM THAT HE WAS NOT GOING TO ACCEPT THE MEDICATION FROM HIM; AND AT THAT TURNERGREEN SAID, "FUCK YOU, AND YOUR BLACK ASS AND YOUR MOTHER WHO HAD YOU, TOO." THEN TURNERGREEN ATTACKED HIM AND BEGAN BEATING HIM. DEFENDANT SAWLAW SHOWED UP AND POINTED A TAZER AT PLAINTIFF AND TOLD HIM TO LAY ON FLOOR, BUT HE WAS ALREADY ON THE FLOOR. PLAINTIFF DID NOT RESIST AND WAS KICKED AND HIT BY TURNERGREEN IN FRONT OF SAWLAW. NEVER DID SAWLAW STOP TURNERGREEN FROM HARMING PLAINTIFF. HE WARNED HIM CUFF PLAINTIFF BEHIND HIS BACK AND PULLED HIM UP TO HIS FEET AND SHOWED HIM OUT OF THE DOOR AFTER ANOTHER JAILER OPENED IT FROM THE CONTROL CENTER.

4. THAT TURNERGREEN INTENTIONALLY PUSHED PLAINTIFF IN A BRICK WALL AND CAUSED HARM TO HIM OVER HIS LEFT EYE. BLOOD GUSSED OUT. TURNERGREEN REFUSED TO GIVE HIM MEDICAL TREATMENT AND PUT HIM IN THE HOLDING CELL AND LEFT HIM THERE. SAWLAW SAW THIS AND FAILED TO STOP TURNERGREEN, AS WELL AS FAILED TO GIVE MEDICAL CARE TO PLAINTIFF. BY MEDICAL STAFF AT JAIL. THE FIRE DEPARTMENT AND HUNT WERE CONTACTED AND PLAINTIFF ADVISED THE FIRE DEPARTMENT NOT TO TOUCH HIM AND THEY LEFT. HE TOLD HUNT THAT HE (HUNT) FAILED TO PROTECT HIM FROM TURNERGREEN. HUNT TOOK PICTURES OF HIS INJURED FACE AND LEFT. MOMENTS LATER, PLAINTIFF PASSED OUT AND HUNT RETURNED AND TREATED HIM BY TAKING HIS BLOOD PRESSURE. HUNT CALLED THE FIRE DEPT. AND THEY RETURNED AND TOOK PLAINTIFF TO THE OUTSIDE HOSPITAL AND MEDICAL STAFF THERE GAVE HIM FIVE (5) STITCHES TO CLOSE THE WOUND TURNERGREEN CAUSED UNJUSTLY.

5. THAT HE WASN'T GAVE MEDICATION FOR PAIN AND RETURNED HIM TO JAIL ... AND TWO DAYS LATER HE COMPLAINED ABOUT PAIN TO HIS FACE AND HE WAS SEEN BY MEDICAL STAFF AND X-RAYS WERE ORDERED.

THUS, HE COULD NOT EAT THE JAIL FOOD DUE TO HIS CHEEK BONE ON THE LEFT SIDE WAS DAMAGED AND HE RECEIVED NO MEDICAL TREATMENT FOR IT. [THE SAME GOES FOR HIS RIGHT THUMB BEING DISLOCATED - NO MEDICAL TREATMENT WAS GIVEN.]

6. THAT SHERIFF FROM COOK COUNTY JAIL CAME AND GOT HIM AND TOOK HIM TO THE CERMACK HOSPITAL TO SEE A DOCTOR AND FILE RULED THAT HIS THUMB WAS DISLOCATED AND HIS CHEEK BONE DAMAGED. THEN HE WAS RETURNED TO COOK COUNTY JAIL AND HE TENDERED A GRIEVANCE ON HOW HE WAS MISTREATED AT PEATT COUNTY JAIL AND SOCIAL WORKER PONDERBER SAW HIM ON THE GRIEVANCE AND STATED "OUTSIDE COUNTY ISSUE." [THE GRIEVANCE THAT HE FILED WITH PEATT COUNTY JAIL OFFICIALS WAS NEVER ANSWERED TO COVER-UP THE MISTREATMENT RENDERED ON PLAINTIFF.]

7. THAT HE NEVER RECEIVED ANY MEDICAL CARE FOR HIS INJURIES AND STILL SUFFER FROM IT TO HIS JAW BONE AND THUMB THAT WAS INJURED BY TURNER.

MOREOVER, HE COMPLAINED TO PRISON OFFICIALS ABOUT

HIS INJURIES AND HE WAS GIVEN X-RAYS AT STATEVILLE PRISON AND IT WAS NOTED THAT HIS THUMB WAS DISLOCATED.

8. THAT DEFENDANT DART IMPROPERLY SENT PLAINTIFF TO PEART COUNTY JAIL, WHERE HE WAS INJURED, AND REFUSED TO ANSWER HIS REQUESTS FOR MEDICAL HELP TO ADDRESS HIS INJURIES.

9. THAT ALL OF THE DEFENDANTS ARE BEING SUED IN THEIR OFFICIAL, INDIVIDUAL AND PERSONAL CAPACITIES FOR VIOLATING PLAINTIFF'S CONSTITUTIONAL RIGHTS.

10. THAT PLAINTIFF ATTACH (12) GRIEVANCES ABOUT THIS MATTER AND ASK THE COURT TO CONSIDER IT. [SEE EXHIBITS 1-12]

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

1. GRANT PLAINTIFF \$250,000 FROM EACH DEFENDANT IN THEIR OFFICIAL, INDIVIDUAL AND PERSONAL CAPACITIES FOR VIOLATING HIS CONSTITUTIONAL RIGHTS WHILE IN THEIR CUSTODY AND CARE.
2. GRANT MEDICAL CARE FOR HIS INJURED JAW AND DISLOCATED THUMB
3. GRANT ANY OTHER RELIEF DEEMED NECESSARY BY THIS COURT.

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 6 day of 9, 2016

Wilfred McClelland

(Signature of plaintiff or plaintiffs)

WILFRED MCCLELLAND

(Print name)

B-5999

(I.D. Number)

10930 LAWRENCE ROAD

SUNBEL, IL 62466

(Address)

**COOK COUNTY SHERIFF'S OFFICE**
(Oficina del Alguacil del Condado de Cook)☐ GRIEVANCE☐ NON-GRIEVANCE (REQUEST)**INMATE GRIEVANCE FORM**
(Formulario de Queja del Preso)

CONTROL #

!This section is to be completed by Program Services Staff - ONLY! (¡ Para ser llenado solo por el personal de Program Services !)**GRIEVANCE FORM PROCESSED AS:**

- ☒ EMERGENCY GRIEVANCE
☐ GRIEVANCE
☐ NON-GRIEVANCE (REQUEST)

Program Services Supervisor Approving Non-Grievance (Request) Signature

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
☐ SUPERINTENDENT: _____
☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

PRINT - FIRST NAME (Primer Nombre):

ID Number (# de identificación):

DIVISION (División):

LIVING UNIT (Unidad):

DATE (Fecha):

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

* An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.

* Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request / Response / Appeal Form.

* When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the request is deemed unsatisfactory.

* Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.

* Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o apeladas a través del uso del Formulario de Quejas / Respuesta / Forma de Apelación.

* Cuando una queja se procesa como una QUEJAS NO (PETICIÓN), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.

PLEASE INCLUDE:
(Por Favor, Incluya:Date of Incident
Fecha Del IncidenteTime of Incident
Hora Del IncidenteSpecific Location of Incident
Lugar Especifico Del Incidente)

On above date of April 8, 2015 I was transferred down to Piatt County Jail from Cook County Jail for no reason and while down at Piatt County Jail, I was mistreated and harassed by Piatt County officers not just that this officer by name Turngreen assaulted me called me "Racial" names Black Ass, Nigger and I report this to Piatt County officers Supt Bell, Sgt Donahire, Sheriff Hunt about officer Turngreen and this was before he put his hands on me. April 9, 2015 officer Turngreen used unnecessary force which he push my face into wall cause my eye to bust open and I suffered fracture thumb and my face, the cheek bone is push in too. Cook County Jail sent me down to Piatt County Jail and you are responsible for my safety. So I would like to "press charges" on officer Turngreen who work for Piatt County Jail.

ACTION THAT YOU ARE REQUESTING (Acción que esta solicitando):

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información):

INMATE SIGNATURE (Firma del Preso):

SUPERINTENDENTS / DIRECTORS / DESIGNEES OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE'S GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW / PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

☐ GRIEVANCE☐ NON-GRIEVANCE (REQUEST)

CONTROL #

! This section is to be completed by Program Services staff - ONLY ! (! Para ser llenado solo por el personal de Program Services !)

GRIEVANCE FORM PROCESSED AS:

- ☒ EMERGENCY GRIEVANCE
☐ GRIEVANCE
☐ NON-GRIEVANCE (REQUEST)

Program Services Supervisor Approving Non-Grievance (Request) Signature

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
☐ SUPERINTENDENT: _____
☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

McClellan

PRINT - FIRST NAME (Primer Nombre):

Wilfred

ID Number (# de identificación):

12-0820-213

DIVISION (División):

9

LIVING UNIT (Unidad):

2-A-213A

DATE (Fecha):

4 / 30 / 15

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- * An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- * Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- * When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.

* Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.

* Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.

* Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.

PLEASE INCLUDE:

(Por Favor, Incluya:

Date of Incident

-

Time of Incident

-

Specific Location of Incident

Fecha Del Incidente

-

Hora Del Incidente

-

Lugar Especifico Del Incidente)

there knowing that this place was not safe and officers at Piatt County Jail are "Racial". I'm still in sever pain right now. Today my thumb needs reconstruction and my face too I also recived five stitches over my eye, and am still traumatized from this incident. This Officer Turngreen "kick me and stomp me in back real hard like I say am still in pain!"

ACTION THAT YOU ARE REQUESTING (Acción que esta solicitado):

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE (Firma del Preso):

SUPERINTENDENTS/DIRECTORS/DESIGNEES OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECIEVED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:

**COOK COUNTY SHERIFF'S OFFICE**

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso / Respuesta / Forma de Apelación)

☐ GRIEVANCE☒ NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE INFORMATION (Información del Preso)

INMATE LAST NAME (Apellido del Preso):

INMATE FIRST NAME (Primer Nombre):

ID Number (# de identificación):

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Cermak Health services, Personnel):

DATE REFERRED:

RESPONSE BY PERSONNEL HANDLING REFERRAL:

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SIGNATURE:

DIV. / DEPT.

DATE:

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DIV. / DEPT.

DATE:

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

☐ GRIEVANCE SUBJECT CODE: _____☐ NON-GRIEVANCE SUBJECT CODE: _____

INMATE SIGNATURE (Firma del Preso):

DATE RESPONSE WAS RECEIVED:

(Fecha en que la respuesta fue recibida):

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

* Las apelaciones tendrán que ser sometidas dentro de los 14 días, a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido): _____ / _____ / _____

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelación):

ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

¿Apelación del detenido aceptada por el administrador o su designado(a)?

Yes (Si)

No

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendación por parte del administrador o su designado(a)):

ADMINISTRATOR / DESIGNEE (Administrador o su Designado(a)):

SIGNATURE (Firma del Administrador o su Designado(a)):

DATE (Fecha):

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE:

(Fecha en que el Preso recibió respuesta a su apelación):

**COOK COUNTY SHERIFF'S OFFICE**
(Oficina del Alguacil del Condado de Cook)**INMATE GRIEVANCE FORM**
(Formulario de Queja del Preso)☐ GRIEVANCE☐ NON-GRIEVANCE (REQUEST)

CONTROL #

!This section is to be completed by Program Services Staff - ONLY! (¡ Para ser llenado solo por el personal de Program Services !)**GRIEVANCE FORM PROCESSED AS:**

- ☐ EMERGENCY GRIEVANCE
☐ GRIEVANCE
☐ NON-GRIEVANCE (REQUEST)

Program Services Supervisor Approving Non-Grievance (Request) Signature

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
☐ SUPERINTENDENT: _____
☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

McClendon

PRINT - FIRST NAME (Primer Nombre):

Willfred

ID Number (# de identificación):

12-0820-213

DIVISION (División):

9

LIVING UNIT (Unidad):

2-A-2134

DATE (Fecha):

6 / 1 / 15

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

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* Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.

* Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o apeladas a través del uso del Formulario de Quejas / Respuesta / Forma de Apelación.

* Cuando una queja se procesa como una QUEJAS NO (PETICIÓN), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.

PLEASE INCLUDE:

(Por Favor, Incluya:

Date of Incident

-

Time of Incident

-

Specific Location of Incident

Fecha Del Incidente

-

Hora Del Incidente

-

Lugar Específico Del Incidente)

I am re-submit this is my second grievance I am filling for an incident that occurred at Platt County Jail on April 9, 2015. I was assaulted and demoralized by one of Platt County Jail %s. I was transferred to Platt County Jail not knowing why I am been transfered. I gave social worker Mrs. Ponderter here in Division 9 over 30 days ago an grievance on this matter. Still have not heard back on it. It was signed 4-30-15 Cook County Jail is responsible for my safety. I would like to press charges on % Turngreen of Platt County Jail as I wrote on first grievance. Sheriff Tom Dart, Dir. Cara Smith, Asst. Dir. D. Moreci, Asst. Dir. M. Miller, Asst. Dir. M. Holmes, Asst. Dir. M. Reyes, Asst. Dir. Dr.

ACTION THAT YOU ARE REQUESTING (Acción que esta solicitando):

To hear back from my first grievance, and to receive a Control Number on this grievance.

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información):

INMATE SIGNATURE (Firma del Preso):

Willfred McClendon

SUPERINTENDENTS / DIRECTORS / DESIGNEES OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE'S GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW / PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

☐ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

CONTROL #

! This section is to be completed by Program Services staff - ONLY ! (Para ser llenado solo por el personal de Program Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
☐ GRIEVANCE
☐ NON-GRIEVANCE (REQUEST)

Program Services Supervisor Approving Non-Grievance (Request) Signature

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
☐ SUPERINTENDENT: _____
☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

McClendon

PRINT - FIRST NAME (Primer Nombre):

Wilfred

ID Number (# de identificación):

12-0820-213

DIVISION (División):

9

LIVING UNIT (Unidad):

2-A-2184

DATE (Fecha):

6 / 1 / 15

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- * An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- * Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- * When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.

* Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.

* Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.

* Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.

PLEASE INCLUDE:

(Por Favor, Incluya:

Date of Incident

-

Time of Incident

-

Specific Location of Incident

Fecha Del Incidente

-

Hora Del Incidente

-

Lugar Especifico Del Incidente)

N. Jones and Social Worker Mrs. Pondexter are all responsible for this matter. According to grievance rule as written, if I do not get a response or like the response of my grievance issue within 15 days, then I am to receive a control number, with re-filing the grievance, which I am.

ACTION THAT YOU ARE REQUESTING (Acción que esta solicitado):

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE (Firma del Preso):

Wilfred McClendon

SUPERINTENDENTS/DIRECTORS/DESIGNEES OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

Pondexter

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

6 / 1 / 15

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:

6 / 1 / 15

**COOK COUNTY SHERIFF'S OFFICE**

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso / Respuesta / Forma de Apelación)

☐ GRIEVANCE☒ NON-GRIEVANCE (REQUEST)

CONTROL #

N/A

INMATE INFORMATION (Información del Preso)

INMATE LAST NAME (Apellido del Preso):

McChendon

INMATE FIRST NAME (Primer Nombre):

W. L. FRED

ID Number (# de identificación):

2020820243

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

265 - OUTSIDE COUNTY ISSUE

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

GRIEVANCE REQUEST RESPONSE
WAS RETURNED TO INMATE ON 6-1-15

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Cermak Health services, Personnel):

INMATE SLD.

DATE REFERRED:

6-1-15

RESPONSE BY PERSONNEL HANDLING REFERRAL:

See above

PERSONNEL RESPONDING TO GRIEVANCE (Print):

FAR

SIGNATURE:

[Signature]

DIV. / DEPT.

5-75

DATE:

6-1-15

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DIV. / DEPT.

DATE:

1-1-15

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

☐ GRIEVANCE SUBJECT CODE: _____☐ NON-GRIEVANCE SUBJECT CODE: _____

INMATE SIGNATURE (Firma del Preso):

[Signature]

DATE RESPONSE WAS RECEIVED:

(Fecha en que la respuesta fue recibida):

6-2-15

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido): ____/____/____

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelación):

ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

¿Apelación del detenido aceptada por el administrador o su designado(a)?

Yes (Si)

☐

No

☐

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendación por parte del administrador o su designado(a)):

ADMINISTRATOR / DESIGNEE (Administrador o su Designado(a)):

SIGNATURE (Firma del Administrador o su Designado(a)):

DATE (Fecha):

____/____/____

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE:

(Fecha en que el Preso recibió respuesta a su apelación):

____/____/____

109 1010
1015
1016PIATT COUNTY JAIL
REQUEST FORMInmate Name Clifford, McLondonDate 4-19-15

Reason for Request (Circle One)

Request To Speak with _____

Grievance

Specific Item


Medical/Dental

Other _____

Rule Violated (Grievance purposes only) _____

Specific Request On above April 19, 2015 the shift has changed and Supt

Bell is still here I talked with her on intercom so I remind her to tell officer Turingreen
not to be around me or bring "Med" to me also I asked her for the remote for T.V. I
would say about 45 min went by the officer Saulaw came to E-houseing to bring the remote
- mention to officer Saulaw that Supt Bell is to tell officer Turingreen stay away from me and for him
not bring my "Med" he said okay. Then I would say it was about 7:00 pm or 7:30 pm guess who
popped up officer Turingreen with my "Med" so I told officer Turingreen he is not to be around me
not to mention he don't suppose give my "Med" to me Supt Bell was to inform you and Sheriff Hunt
so right there he said so what who care what they said do you want your "Med" or what I said no


 Inmate Signature

4-19-15
 Date/Time

CO Signature

Date/Time

PLATT COUNTY IAL
REQUEST FORMInmate Name Willard, W. G. LondonDate 4-19-15

Reason for Request (Circle One)

Request To Speak with _____

Grievance

Specific Item

Medical/Dental

Other _____

Rule Violated (Grievance purpose only) _____

Specific Request Not from you sir Turngreen said then you are refuge your "Med" noam not refuge I don't want it from you and I got ready to sit back down officer Turngreen said you knowwhat fuck you and your "Black Ass" and your mom who had you too! I turn back around and officerTurngreen threw his hands up at me in fighting position then put my hands up for preteet officerTurngreen rush at me swing razor we fell down on floor he started hitting me in face and head officer Saubul pullhis base out and point at me said lie down on floor which I was already lying on floor he said turn over onyour stomach and lie down. Officer Turngreen started kicking at me then he stomp me in back "real hard"put his knees in my back and handcuffing me yank me up from floor then me into door and thenhe asked controls to open door officer Turngreen push me out door real hard and then push my faceInmate Signature Willard, W. G. LondonDate/Time 4-19-15

CO Signature _____

Date/Time _____

PIATT COUNTY IAL
REQUEST FORMInmate Name Wilfred McClellanDate 4-19-15

Reason for Request (Circle One)

Request To Speak with _____

Grievance

Specific Item

Medical/Dental

Other _____

Rule Violated (Grievance purposes only) _____

Specific Request

real hard in wall cause my eye ^{busted} ~~busted~~ open bad I started
bleeding really bad officer Turngreen ^{said} either you start walk down these stairs or he will throw
me down them then him and officer Sawlaw took me to holding cell Turngreen then me into bar with
excessive force put his knee's ^{back} into my ^{back} make ^{back} tight then what they were officer Sawlaw said
my still and lie down don't move Turngreen took handcuffing off my hand and I got up and was still bleed
all over the holding cell I said to them called Sheriff ^{Hunt} and they took there time on call him
and they called the fire dept then after one hour ^{inter} Sheriff ^{Hunt} show up at Piatt County Jail I explain to him
that officer Turngreen did to me and show him how his officer busted my eye open ^{swallow} up and eye
my cheek bone is ash in my face and ^{Sheriff} ~~he~~ ^{Hunt} said let me help you out the fire dept is gone take

Inmate Signature Wilfred McClellanDate/Time 4-19-15

CO Signature _____

Date/Time _____

PIATT COUNTY IAL REQUEST FORM

Inmate Name Willfred J. McClendon

Date 4-19-15

Reason for Request (Circle One)

Request To Speak with _____

Grievance

Specific Item

Medical/Dental

Other _____

Rule Violated (Grievance purposes only) _____

Specific Request look at you I said "no" just call Cook County Jail have them come

get me I told you Sheriff ^{Hunt} about officer ^{Hunt} Turngreen now look what he done to my face and eye
if you would told him to stay away from me then this wouldn't never happen to me from the get go
I started getting really nervous and scare he asked could he look at my eye I said to Sheriff ^{Hunt}
Take picture of my face and eye and back arms ^{he said} could the fire dept. look my eye and face I said "no"
I was to nervous. scare ^{Hunt} for anybody touch me Sheriff ^{Hunt} left out the Holding room they ~~are~~ were out
There talking then they all left and I told Sheriff ^{Hunt} I need my blood pressure medication and he
left too. Then I kept push the undercomb bottom but no body would answer it I started getting dizzy and like
down on one knee before I knew it I past out the officer's police, Sheriff ^{Hunt} came ^{back to} ~~back to~~ holding room

Willfred J. McClendon
Inmate Signature

4-19-15
Date/Time

CO Signature

Date/Time

PIATT COUNTY IAL REQUEST FORM

Incident Name Willard, M. L.

Date 4-19-15

Reason for Request (Circle One)

Request To Speak with _____ **Grievance** **Specific Issue**

Medical/Dental **Other** _____

.....
.....

Rule Violated (Grievance purposes only) _____

Specific Request I was lying in my own blood still hurt from my eye so sheriff Hunt

had his officers called for ambulance they had someone get blood pressure kit and sheriff Hunt took my blood pressure and he said it was 189 over 20 the police found was wipe blood off my face. The sheriff Hunt and police, officer's was trying find out how I got hurt the ambulance took up about 45 min before it arrived then officer help getting me off floor and on the stretcher the ambulance person started asking question sheriff Hunt gave them a 30 min then we went to hospital. While at hospital they took me to emergency room the nurse started cleaning blood off my face nurse asked me what was hurting me I said my face back, hand and eye, head then after that the Doc came in he looked at my eye and face he clean me up over my eye

Willard, M. L.
Incident Signature

4-19-15
Date/Time

CO Signature

Date/Time

PIATT COUNTY JAIL REQUEST FORM

Inmate Name Willfred, Jr. Clendon

Date 4-19-15

Reason for Request (Circle One)

Request To Speak with _____

Grievance

Specific Item

Medical/Dental

Other _____

Rule Violated (Grievance purposes only) _____

Specific Request the Doc said it look like you will be getting stitches so I asked him

how many am I getting he said about five the Doc said is there any more problem I said yes my head hurt really
bad back hand too. He said he will give me some "Ibuprofen" and that was it "No X-ray" for anything else did to me
while at hospital Piatt County police Ernst took me back to Piatt County Jail when enter back at Piatt County Jail
police Ernst told me that Sheriff want the officers put me in "holding tank" right there I told police Ernst I'm not going
in No holding tank to spend night to morning come and for me lie down floor when I just came from hospital with stitches in
face and my back is in pain I have injury to my head so he called Sheriff R. Hunt and told him that was not going in holding tank
because it was a "violation of my Right" and that is "cruel punish" so I sat there do not back forward while in pain
then sheriff said okay take him back up to his cell then I told Piatt County police Ernst I would like to press
a charge on officer Tammgreen for "aggravated battery!"

Willfred, Jr. Clendon
Inmate Signature

4-19-15
Date/Time

CO Signature

Date/Time